



## NEW PRACTITIONER CHECKLIST

**Please note that all Practitioners must be fully credentialed with TLC Advantage, LLC.**

Use this form to check off the necessary information needed for network participation.

\_\_\_\_\_ New Practitioner Information Sheet  
(One for each new provider)

\_\_\_\_\_ Enrollment/Credentialing Fee

\_\_\_\_\_ Signed Release of Information  
(One for each new provider – requires original signature)

\_\_\_\_\_ Form W-9  
(When completing the Form W-9, please be aware that the filer's name and TIN should be consistent with the name and TIN used on the filer's other tax returns. The name of the filer's paying agent or service bureau must not be used in place of the name of the filer.)

\_\_\_\_\_ List of All Current Outreach and/or Satellite Locations  
(Please include all locations you will be servicing along with the appropriate practice and billing addresses for each location.)

We have contracted with the Sanford Health Credentialing Verification Office (CVO) to administer and primary source verify the Practitioners in the TLC Advantage network as required to adhere to the national standards set forth by the National Commission of Quality Assurance (NCQA). As a result of this relationship, the Sanford Health Credentialing Verification Office (CVO) will do all credentialing. If necessary, they will be forwarding credentialing information to you under separate cover. **As a reminder please notify TLC Advantage, L.L.C. in writing of any provider additions and terminations or address changes to keep our network current.**

Please mail, fax or email correspondence to: TLC Advantage, L.L.C., PO Box 89410, Sioux Falls, SD 57109-9410  
Email: [TLCProviderRelations@tlcadvantage.com](mailto:TLCProviderRelations@tlcadvantage.com)

Fax: 605-361-1123

If you should have any questions, please contact TLC Advantage, L.L.C. at 605-361-5700.